CLINICAL PREVENTIVE SERVICES (CPS)

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Objectives

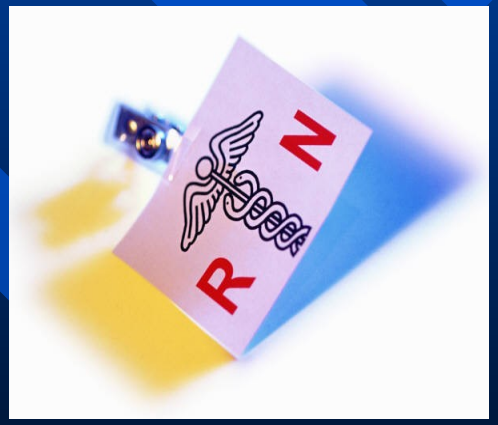
- Discuss the age/gender specific recommnedations for CPS based on the findings from United States Preventive Services Task Force (USPSTF).
- Identify risk factors to be discussed during PHA face-to-face prevention counseling session.
- Determine documentation required on forms DD2766 and NAVMED 6120/5.

Clinical Preventive Services (CPS) "THE KEY TO A FIT AND HEALTHY FORCE!"

- Prevention works!
- Everyone needs CPS!
- Behavior is important -- individuals must be responsible!
- Health Care Team are a valuable resource!

CPS Requirements

- A nurse or credentialed provider (MD/DO, FNP, PA, AC/IDC) will complete a face-to-face individualized review of medical status with member:



  - Age
  - Gender
  - Occupation
  - Family history
  - Deployment history
  - Behavioral risk factors

CPS Requirements

- **Members will be provided age/gender specific CPS recommendations based on USPSTF as approved by DoD Health Affairs.**

- **Available at:**
  - **ww.preventiveservices.ahrq.gov**
  - **Call 1-800-358-9295 for a free copy of:**
    "The Guide to Clinical Preventive Services"
    http://www.ahrq.gov/clinic/pocketgd.pdf

USPSTF GRADING

A. Strongly recommends to provide the service to eligible patients.

B. Recommends to provide the service to eligible patients.

C. Makes no recommendation for or against routine provision of the service.

D. Recommends against routinely providing the service to asymptomatic patients.

I. Concludes that the evidence is insufficient to recommend for or against routinely providing the service.

CPS Requirements

- ***Screen***
  - **Medical record for risk factors.**
- ***Verify***
  - **Completion of past medical referrals.**
- ***Refer***
  - **Medical conditions for follow-up, to civilian PCM for CPS and treatment unless the condition is service related.**

(CPS are recommendations only. IMR elements are medical readiness requirements.)

CLINICAL PREVENTIVE SERVICES (CPS)

Even though CPS are highly recommended, it is important to note that these screening exams can save lives!!!

Problem-Focused Physical Exam

If a member identifies a specific health issue during the PHA, a credentialed provider will conduct a problem-focused physical examination and provide follow-on care recommendations.

TOOLS ARE NEEDED FOR CPS DOCUMENTATION

DD2766

NAVMED 6120/5

DD2766 Screening Exams Documentation

- * = Actual result
- N = Normal
- X = Abnormal
- E = Done elsewhere
- R = Refused
- NA = Not indicated
- COMP = Completed
- INCOMP = Incomplete

Screening Exams – Section 7 of DD2766

Guidance is available at:

http://www-nehc.med.navy.mil/hp/cps/pha.htm

PHA (1)

***Weight (2)**

***Height (3)**

Screening for Obesity

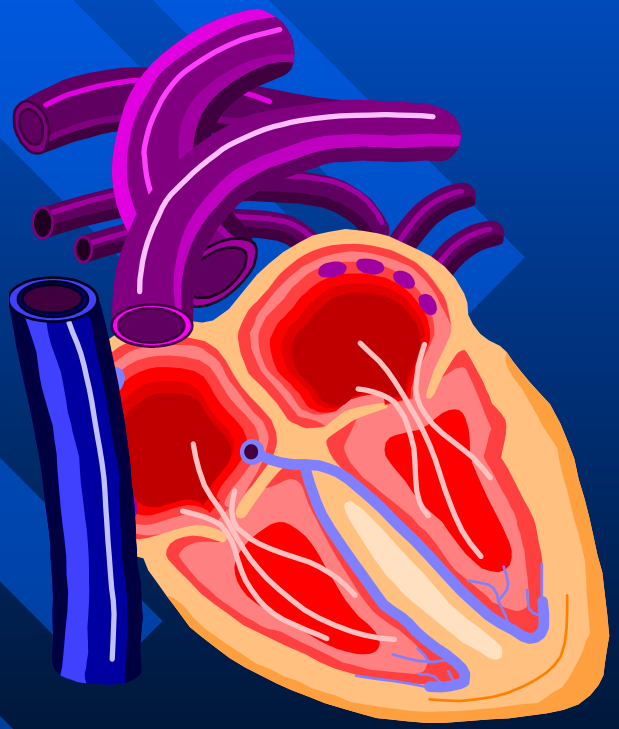
Assessment of overweight and obesity involves using three key measures:

- **Body Mass Index (BMI = kg/m2) - describes relative weight for height, is significantly correlated with total body fat - overweight is BMI 25-29.9, obese is BMI 30 or over**
- **Waist circumference - > 35” women and > 40” for men**
- **Risk Factors - traits and lifestyle habits that increase the risk of diseases a with obesity**

Screening for High Blood Pressure- *Blood Pressure (4)

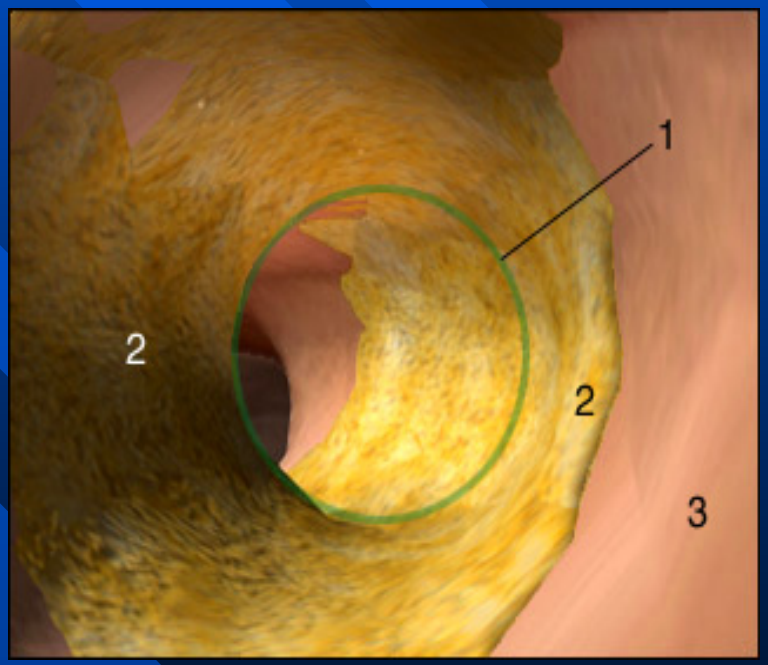
- Screen adults aged 18 and older for high blood pressure (HBP)

- HBP is defined as a systolic BP of 140 mm Hg or higher, or a diastolic BP of 90 mm Hg or higher



Screening for Lipid Disorders *Cholesterol (5)

- Age
  - >Men 35 years older
    Women aged 45 years older
- Assess for increased risk of coronary heart disease
- Every 5 years unless lipid levels are close to warranting therapy



*Cholesterol (5)

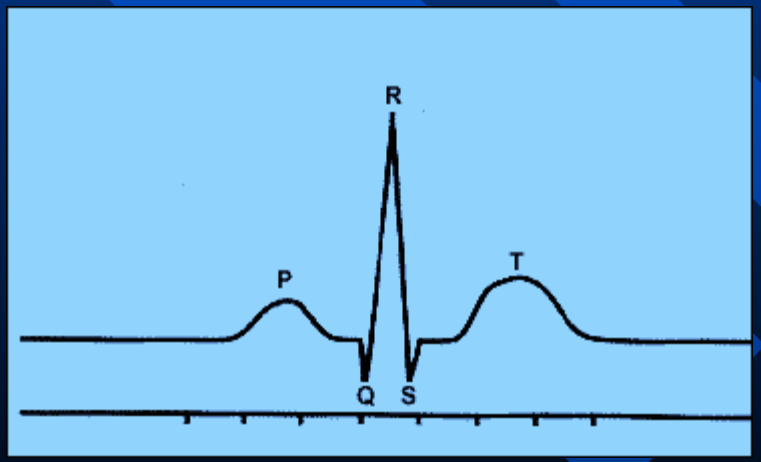
- Screen younger adults (men aged 20 to 35 and women aged 20 to 45) for lipid disorders if they have other risk factors for coronary heart disease.
  - Diabetes
  - Family hx of CVD before age 50 in male relatives or age 60 in female relatives
  - Family hx suggestive of familial hyperlipidemia
  - Multiple CHD risk factors (Tobacco Use, HTN)

*Cholesterol (5)

- **Cholesterol: (recommended screening)**
  Desirable= 200 mg/dl or less
- **LDL:**
  Desirable= 70-160mg/dl – depends on risk factors
  (Less than 100 is optimal)
- **HDL: (recommended screening)**
  Desirable = >40 mg/dl (males)
  >50 mg/dl (females)
- **Triglycerides:**
  Desirable = Below 150 mg/dl or less

Screening for Coronary Heart Disease

- Recommends against routine screening with resting electrocardiography (ECG).



Screening for Type 2 Diabetes Mellitus

- Recommends screening in adults with hypertension or hyperlididemia
- Fasting plasma glucose (FPG) every 3 years with shorter intervals in high-risk persons

(Evidence is insufficient to recommend for or against routinely screening asymptomatic adults for Type 2 diabetes.)

Screening for Hearing Impairment - Hearing (6)

- **Audiometric test may be ordered for occupational exposure to noise or reported hearing loss by member**

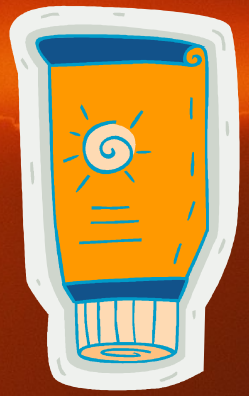
(Given the availability of new evidence, the USPSTF has decided to update its 1996 recommendation. This work is currently in progress.)

Screening for Skin Cancer

Skin Exam (7)

Using a total-body skin examination for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer. At substantially increased risk are:

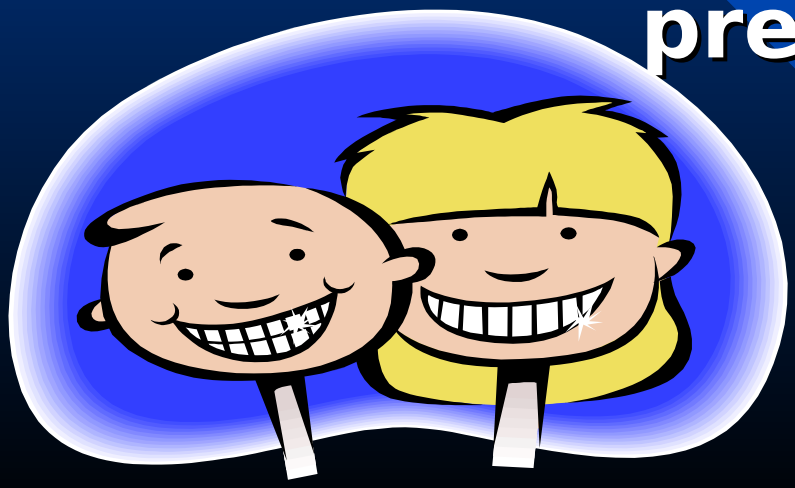
- **Persons with atypical moles**
- **Those with >50 moles**



(Evidence is insufficient to recommend for or against routine screening for skin cancer.)

Screening for Oral Cancer Oral/Dental (8)

Even though there is insufficient evidence for screening for or against Oral Cancer, the dentist chair is a “teachable moment” regarding prevention!!!!



Screening for Visual Impairment - Eye/Vision (9)

- Insufficient evidence to recommend for or against screening adults for glaucoma.
- Insufficient evidence to recommend for or against screening for diminished visual acuity in asymptomatic adults.

Screening for Breast Cancer
Breast Exam (10)

- Evidence is insufficient to recommend for or against routine clinical breast exam (CBE) alone to screen for breast cancer.

- Evidence is insufficient to recommend for or against teaching or performing routine breast self-examination (BSE).

Screening for Breast Cancer Mammogram (11)

- Recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.

Screening for Cervical Cancer PAP (12)

- Strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.
  - Pap smear screening within 3 years of onset of sexual activity or age 21
  - At least every 3 years

PAP (12)

- Recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.
- Evidence is insufficient to recommend for or against:
  - The routine use of *human papillomavirus* (HPV) testing as a primary screening test for cervical cancer.
  - The routine use of new technologies to screen for cervical cancer.

Screening for Chlamydial Infection

- **Strongly recommends:**

  Screening for chlamydial infection in all sexually active women aged 25 years and younger, and other asymptomatic women at increased risk for infection.

(Evidence is insufficient to recommend for or against routinely screening asymptomatic men for chlamydial infection.)

Cancer
Fecal Occult Blood (13), Sigmoid (14), Colonoscopy (15)

- **Strongly recommends that clinicians screen men and women 50 years of age or older for colorectal cancer. Potential screening options determined by PCM:**
  - **Fecal occult blood testing (FOBT) annually, or**
  - **Flexible sigmoidoscopy and double-contrast barium enema every 5 years, or**
  - **Colonoscopy every 10 years**
  - **Persons at higher risk initiate screening at an earlier age**

Screening for Testicular Cancer - Testicular (16)

Recommends against routine screening for testicular cancer in asymptomatic adolescent and adult males.

Screening for Prostate Cancer - Prostate (17)

- **Men aged 50-70 at average risk and men over 45 at increased risk are most likely to benefit from screening**

(Evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE).)

Rubella Screen (18)

- **Screening for rubella:**
  - **Women of childbearing age**
  - **Susceptible nonpregnant women**
  - **Susceptible pregnant women should be vaccinated in the immediate postpartum period**
  - **Screen female members for evidence of MMR vaccine or rubella antibody titer (one time requirement)**

(Given the availability of new evidence, the USPSTF has decided to update its 1996 recommendation. The 1996 recommendation may contain information that is out of date.)

Occupational Screening Exams (19)

- Document occupational exposures

- Refer to Occupational Medicine or OSHA Program Manager to ensure member is up to date with job-specific requirements

(20), (21), (22), (23), (24), (25)

Enter other screening tests deemed appropriate

Health Counseling

- Biggest bang for the buck!
- Seize the teachable moment!
- Use your support staff to reinforce messages!
- Track on DD2766/Counseling + change = healthier people

DD2766
Section 5 Counseling
Health Promotion/CPS

- **Target individually identified risk factors and behaviors identified from a self-assessment survey (HRA) and member interview.**

Healthy diet

Physical activity/exercise

Dental hygiene

Tobacco use

Solar injury protection

DD2766
Section 5 Counseling
Health Promotion/CPS

Heat/Cold Injury Prevention

Injury Prevention

Stress Management

Suicide/Violence Prevention

Family Planning/Prevention of STDs

Prescription and OTC Medication Use

Nutritional Supplements

Complementary and Alternative Healthcare

DD2766
Section 5 Counseling
Health Promotion/CPS

- Travel Health
- Occupational Exposures
- Other Identified Risk Behaviors

Use USPSTF guidelines and topic-specific handouts and materials

Member's Responsibilities (RC)

- Follow-up with civilian healthcare provider for any non-service connected health issues, clinical preventive services, and PHA provider recommendations.

- Provide documentation of completed clinical preventives services and medical treatment to MDR

"Active Component" vs. "Reserve Component"

- **PHA Providers' can facilitate "immediate" initiation of management or expedite further evaluation as follows:**
  - **Consults submitted to address health issues identified during the PHA session**
  - **Lab tests ordered and followed-up**
  - **Prescribed meds are entered into computer system for pick-up at Pharmacy**
  - **Educational Material**
  - **Schedule Health Promotion Classes**

QUESTIONS ?